

SECTION 5

ANNUAL ASSESSMENT/BUDGET

SFY 2009 ASSESSMENT/BUDGET WORKSHEET OVERVIEW

During each State Fiscal Year, the Commissioner of the New Hampshire Department of Safety is required to assess the incremental cost of emergency preparedness against those nuclear utilities whose power plant Emergency Planning Zones (EPZs) affect the State of New Hampshire. The assessment considers the costs to maintain the emergency response capabilities of the various state agencies and affected municipalities.

In order to make that assessment, HSEM must determine the incremental cost of preparedness to the state, its agencies, and affected municipalities. To do this, each agency and affected municipal Emergency Response Organization (ERO) is asked to estimate the costs it may incur during the upcoming State Fiscal Year 2009, which runs from:

July 01, 2008 through June 30, 2009
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The basis for this cost estimate is the New Hampshire Radiological Emergency Response Plan (NHRERP) annual work plan, which each agency and affected municipality develops at the beginning of each calendar year. The HSEM Field Representatives will provide assistance in the preparation of this Assessment Worksheet. The annual work plan addresses seven areas necessary to maintain preparedness to respond in the event of an emergency. Those areas are:

- | | |
|----------------------------------|----------------------------|
| o Facilities and Equipment | o Training |
| o Plan Review and Update Process | o Equipment Requests |
| o Special Facilities | o Administrative Costs and |
| o Drills and Exercises | Current Expense |

It should be noted that the NHRERP Assessment Worksheet is limited to the incremental costs associated with the Radiological Emergency Response Program. It is not as an all encumbering vehicle nor should it be used to address an entire community's emergency management program budget.

SFY 2009 ASSESSMENT WORKSHEET OVERVIEW (cont.)

Facilities and Equipment

This category addresses the incremental costs necessary to maintain Emergency Operation Centers and other emergency facilities, equipment, and replacement equipment, needed to implement the NHRERP. Incremental costs are those costs over and above the usual appropriation an agency or municipality would set aside and expend on its regular emergency response needs.

Plan Review and Update

This category addresses the time spent by each agency or municipality in reviewing and updating the plans, procedures, and supporting documents needed to implement the NHRERP.

Special Facilities

This category addresses expenses associated with reviewing and updating procedures for special facilities such as schools, daycare centers, hospitals, and nursing homes.

Drills and Exercises

This category covers expenses associated with participation and conduct of NHRERP drills and exercises and include: personnel compensation, food costs, and expendable material consumed in the conduct of drills and exercises.

Training

This category addresses the expenses incurred by a municipality or state agency in training the people who respond as part of the NHRERP. Training or refresher training is offered annually

SFY 2009 ASSESSMENT WORKSHEET OVERVIEW (cont.)

and is offered as a traditional classroom training session, tabletop exercise, through drill and exercise participation, and through a home-study program.

Equipment Requests

Any organization or agency making a request for new or replacement equipment must submit one copy of the Equipment request Form (see page 5-20) for each specified item. Please attach any supporting documentation (i.e.: catalog, brochure, specification sheet, etc) that may explain the request in greater detail.

Any changes or deviations from the approved Equipment Request Form must be submitted in writing to the HSEM Chief of Technological Hazards section. Approval for any subsequent changes or funding increases will be handled on a case-by-case basis.

Administrative Costs and Current Expense

This category addresses the Cost of Administrative Support, including salaries needed to conduct the NHRERP within a particular agency or municipality. This shall include the various tasks and responsibilities outlined within this Annual Briefing Book, including but not limited to:

- o Attendance at NHRERP-related meetings or briefings
- o Conducting quarterly inventories
- o Maintaining the local EOC state of readiness
- o Photocopying and preparing procedure packets
- o Updating NHRERP controlled documents as required by HSEM
- o Record keeping of NHRERP-related expenses in preparation of invoices for reimbursement

SFY 2009 ASSESSMENT WORKSHEET OVERVIEW (cont.)

Current expense (as listed in the State object table) covers recurring costs for items and services such as:

- o Phone line expenses
- o Postage
- o Rent
- o Electric Bills
- o Supplies (consumables)
- o Printing & Binding
- o Duplicating Supplies
- o Trash removal

REIMBURSEMENT POLICY

The State of New Hampshire operates on a Fiscal Year beginning on July 1st and ending June 30th. The assessment requested through this year's Annual Briefing Book covers the period:

July 01, 2008 through June 30, 2009

All invoices for reimbursement for Training/Planning/Administration shall be submitted to:

(Address to your town's field representative)
N. H. Department of Safety
Homeland Security & Emergency Management
33 Hazen Drive
Concord, N.H. 03305

If reimbursement is not made after **60** days of submission, please advise your local HSEM Field Representative.

All final invoices for reimbursement for Fiscal Year 2009 must be submitted to HSEM no later than **June 1, 2009**. This is to ensure proper payment of funds from the current Fiscal Year.

All reimbursements shall be for the approved items/amounts only. Any changes or deviations from the approved Equipment Request Form must be submitted in writing to the HSEM Chief of Technological Hazards. Approval for any subsequent changes or funding increases will be handled on a case-by-case basis.

NOTE: ANY FUNDS THAT ARE NOT EXPENDED DURING FISCAL YEAR ARE LOST;
THERE IS NO CARRY OVER OR ENCUMBERANCE OF FUNDS FROM ONE FISCAL
YEAR TO THE NEXT.

REIMBURSEMENT POLICY (Cont.)

Important Notes to Municipal / Agency Finance Directors:

- 1) Town employees will be reimbursed at their normal rate of pay and for any overtime that may also be incurred. The rates of pay would be in accordance with existing collective bargaining agreements, individual contracts, or municipal personnel payment plans/agreements.
- 2) The municipality or agency is responsible for setting reasonable rates of pay and benefits for any volunteer, auxiliary, or (outside) contracted personnel.
- 3) The hourly rate of pay to be shown on the SFY 2009 Assessment worksheet should reflect the actual blended average of all eligible/affected employees within your community / agency that are involved in support of the NHRERP. This blended average hourly rate of pay should include matching municipal contributions for retirement or social security.
- 4) HSEM will cover all reasonable rates of pay and other direct labor costs to include:
 - o Retirement system matching contributions paid by the municipality
 - o Social Security matching contributions paid by the municipality
(in lieu of another designated pension plan)
 - o Income taxes or other withholdings are **not** to be included in the invoice for reimbursement

REIMBURSEMENT POLICY (Cont.)

- 5) All invoices for reimbursement will include an itemized list of the payroll or other expenses as follows:
- o Name of employee
 - o NHRERP-related function or event (i.e.: training, drill, administration, etc)
(NOTE: each item must also include the date(s) of any such function / event)
 - o The number of hours worked for that function
 - o The employee's hourly rate of pay
 - o The subtotal of each line item (i.e.: # of hours x rate of pay = subtotal)
 - o A separate line item will be displayed for each employee / event / item
- 6) Each municipality or agency may charge an additional nominal fee to cover the administrative costs for billing and other financial record keeping related to the support of the NHRERP.

Please Follow the Following Format:

SAMPLE INVOICE

Invoice # and Date (on municipal letterhead)

Seabrook Station NHRERP Expense

From: Town of ABC
123 Main Street
ABC, NH 03819

To: (Address to your town's Field Representative)
N.H. Department of Safety
Homeland Security & Emergency Management
33 Hazen Drive
Concord, NH 03305

Invoice Period (from & to):

For SFY 2009 (July 1, 2008 to June 30, 2009)[†]

Planning and Admin.: *See page 5.3 for an explanation.*

Current Expense: *See page 5.4 for an explanation*

Training: *See page 5.3, 5.7 and 5.8 for an explanation.*

Drills: *See page 5.3, 5.7 and 5.8 for an explanation.*

Equipment: *See page 5.4 for an explanation.*
(Approved equipment only)

Miscellaneous: *Those costs that are necessary to maintain an emergency operations center and are not covered in the other categories.*

Please reimburse the Town of ABC in the total amount of: \$ ____ *See page 5.7 for further details.*

- Please make sure that you include all supporting documents with your letter, which total the amount you are requesting for reimbursement. If they are not included or do not add up to the total amount they will be returned to you.

[†] Billings for SFY 2009 need to arrive at HSEM **no later than** June 1, 2009.

Please Follow the Following Format:

SAMPLE INVOICE

Invoice # and Date (on municipal letterhead)

**Vermont Yankee
NHRERP Expense**

From: Town of ABC
123 Main Street
ABC, NH 03819

To: (Address to your town's Field Representative)
N.H. Department of Safety
Homeland Security & Emergency Management
33 Hazen Drive
Concord, NH 03305

Invoice Period (from & to):

For SFY 2009 (July 1, 2008 to June 30, 2009)[†]

Planning and Admin.: *See page 5.3 for an explanation.*

Current Expense: *See page 5.4 for an explanation*

Training: *See page 5.3, 5.7 and 5.8 for an explanation.*

Drills: *See page 5.3, 5.7 and 5.8 for an explanation.*

Equipment: *See page 5.4 for an explanation.*

Miscellaneous: *Those costs that are necessary to maintain an emergency operations center and are not covered in the other categories.*

Please reimburse the Town of ABC in the total amount of: \$ _____ *See page 5.7 for further details.*

- Please make sure that you include all supporting documents with your letter which should total the amount you are requesting for reimbursement. If they are not included or do not add up to the total amount they will be returned to you.

[†] Billings for SFY 2009 need to arrive at HSEM **no later than** June 1, 2009.

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – SEABROOK STATION

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART I.	LINE ITEM	SUBTOTALS
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DRILL PARTICIPATION / NHRERP ADMINISTRATION	AMOUNT (\$)	(\$)
1. Planning and Administration: _____ X _____ # of Hours \$ / Hour	\$ _____	
2. Drill Participation: _____ X _____ X _____ X _____ # Drills # Personnel \$ / Hour # Hours/Drill Per Drill	\$ _____	
3. Training: _____ X _____ X _____ X _____ # Training # Personnel \$ / Hour # Hours/Class	\$ _____	
4. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART I = \$ _____		

PART II. EQUIPMENT REQUEST(S)	\$ _____	
(NOTE: Attach one Equipment Request Form for each specified item. See page 5-19)		
SUBTOTAL FOR PART II = \$ _____		

TOTAL SFY 2009 ASSESSMENT REQUEST = \$ _____

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – SEABROOK STATION

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
1. Telephones:		

_____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge		
_____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge		
_____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge	\$ _____	
2. RERP-Related Phone Usage: _____ X 12 Months / Year Cost/Month	\$ _____	
3. Radio Circuits: _____ X 12 Months / Year Cost/Month	\$ _____	
4. Communication Equipment Maintenance: _____	\$ _____	

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NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – SEABROOK STATION

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES (Cont.)	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
7. EOC Supplies: _____	\$ _____	
8. Traffic Control Equipment Replacement: _____	\$ _____	
9. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART III = \$ _____		

TOTAL SFY 2009 ASSESSMENT REQUEST = \$ _____

SFY 2009 – ASSESSMENT WORKSHEET – SEABROOK STATION

REVIEW AND SIGNATURE FORM

Agency: _____ Community: _____

LOCAL COMMUNITY OR SUPPORT AGENCY	DATE
Reviewed by: _____ Emergency Management Director or Agency Liaison	____/____/____
Approved by: _____ Authorized Signature or Agency Authority	____/____/____

NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	____/____/____
Approved by: _____ Chief Technological Hazards	____/____/____
Approved by: _____ Department of Safety – Business Office	____/____/____
SFY 2009 ASSESSMENT REQUEST STATUS	DATE
Assessment Request Received by HSEM	____/____/____
Assessment Request Approved as submitted	____/____/____
Assessment Request Approved with revisions	____/____/____
Revisions: _____ _____	____/____/____

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART I. DRILL PARTICIPATION / NHRERP ADMINISTRATION	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
1. Planning and Administration: _____ X _____ # of Hours \$ / Hour	\$ _____	
2. Drill Participation: _____ X _____ X _____ X _____ # Drills # Personnel \$ / Hour # Hours/Drill Per Drill	\$ _____	
3. Training: _____ X _____ X _____ X _____ # Training # Personnel \$ / Hour # Hours/Class	\$ _____	
4. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART I = \$ _____		

PART II. EQUIPMENT REQUEST(S)	\$ _____	
(NOTE: Attach one Equipment Request Form for each specified item. See page 5-19)		
SUBTOTAL FOR PART II = \$ _____		

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NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
1. Telephones: _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge	 \$ _____	
2. RERP-Related Phone Usage: _____ X 12 Months / Year Cost/Month	 \$ _____	
3. Radio Circuits: _____ X 12 Months / Year Cost/Month	 \$ _____	
4. Generator Fuel: _____	 \$ _____	
5. Generator Maintenance: _____	 \$ _____	
6. Communication Equipment Maintenance: _____	 \$ _____	

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NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES (Cont.)	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
7. EOC Supplies: _____	\$ _____	
8. EOC Facility Expenses (i.e.: rent, utilities): _____	\$ _____	
9. Traffic Control Equipment Replacement: _____	\$ _____	
10. Communication Equipment Battery Replacement: _____	\$ _____	
11. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART III = \$ _____		

TOTAL SFY 2009 ASSESSMENT REQUEST = \$ _____

SFY 2009– ASSESSMENT WORKSHEET – VERMONT YANKEE

REVIEW AND SIGNATURE FORM

Agency: _____ Community: _____

LOCAL COMMUNITY OR SUPPORT AGENCY	DATE
Reviewed by: _____ Emergency Management Director or Agency Liaison	____/____/____
Approved by: _____ Authorized Signature or Agency Authority	____/____/____
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	____/____/____
Approved by: _____ Chief Technological Hazards	____/____/____
Approved by: _____ Department of Safety – Business Office	____/____/____

SFY 2009 ASSESSMENT REQUEST STATUS	DATE
Assessment Request Received by HSEM	____/____/____
Assessment Request Approved as submitted	____/____/____
Assessment Request Approved with revisions	____/____/____
Revisions: _____ _____	____/____/____

SFY 2009 EQUIPMENT REQUEST FORM

(July 1, 2008 through June 30, 2009)

NOTE: Submit one completed Equipment Request Form for each specified item.

Agency: _____ Community: _____

EQUIPMENT REQUEST INFORMATION		
EQUIPMENT REQUESTED: _____		
DESCRIPTION (i.e.: Make / Model #): _____		
Quantity: _____	Cost Each: \$ _____	Total Cost: \$ _____
NHRERP-related purpose or justification: _____		

NHRERP REFERENCE:	Volume #: _____	Section(s) #: _____

(Continued on next page)

SFY 2009 EQUIPMENT REQUEST FORM (Cont.)

COMMUNITY or AGENCY INFORMATION	
REQUESTOR	COMMUNITY or AGENCY APPROVAL
NAME: _____	NAME: _____
DEPARTMENT: _____	TITLE: _____
ADDRESS: _____	

CITY: _____	
STATE: _____ ZIP: _____	NOTE: Original signature required on each Equipment Request Form submitted.
TELEPHONE: (____) - ____ - _____	
_____	_____
EMD or Agency Liaison Signature	Authorized Signature
____/____/____ Date	____/____/____ Date